

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025547

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 242

STATE FILE NUMBER

FILED JUN 19 1963

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Francois Township

Length of stay in 1b
29Y; 10M; 3das.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION State Hospital No. 4

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Bollinger

c. CITY OR TOWN Greenbrier

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Unknown
Yes ☐ No ☐

3. NAME OF DECEASED

First Middle Last
ORPHA JANE FOWLER

4. DATE OF DEATH Month Day Year
June 1, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-12-1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.
1 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

Bollinger Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Records, State Hospital No. 4, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral bronchial pneumonia - - - - -

INTERVAL BETWEEN ONSET AND DEATH

45 days.

DUE TO (b)

Arteriosclerosis, generalized and marked - -

5 yrs.

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Dementia Praecox Psychosis - - - - - Abt. fifty-six yrs.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 16, 1963 to June 1, 1963 and last saw her alive on 6-1-63
Death occurred at 12:10 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John A. Brennan, M.D.

22b. ADDRESS State Hospital No. 4
Farmington, Missouri

22c. DATE SIGNED

6-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-2-63

23c. NAME OF CEMETERY OR CREMATORY

Dry Creek Cemetery

23d. LOCATION (City, town, or county) (State)

Near Lutesville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Baker Funeral Home, Lutesville, Missouri

25. DATE RECD. BY LOCAL REG.

June 17, 1963

26. REGISTRAR'S SIGNATURE

Esther Rindloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10940
20090
3
4 1
5 1
6
7 0
8 2
94500
10
11
12 93-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edw. A. Graham

Licensed Embalmer No. 5195

P. O. Address Luttsville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**:

If this body is not embalmed, fact should be so stated above.